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HELSINGIN AMMATTIKORKEAKOULU

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Emmanuelle H. Martin

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<p>Sairaanhoito on kansainvälistynyt voimakkaasti ympäri maailman. Kansainväliset sairaanhoitajat ovat löytäneet paikkansa terveydenhoito-organisaatioissa ja ovat päässeet tärkeään rooliin. Ongelmana on kuitenkin mahdollinen etenemättömyys uralla ja hyväksikäyttö. Nämä aiheet ovat antaneet syytä tutkia kansainvälisten hoitajien ongelmia ja vähentää niitä. Tämän opinnäytetyön tarkoituksena oli kuvata miten kansainvälisen sairaanhoitajan asemaa voi kehittää työnjohdon ja tiimityön keinon. Tässä opinnäytetyössä on aineisto hankittu soveltaen systemaattisen kirjallisuuskatsemuksen menetelmää. Opinnäytetyössä käytettiin OVID-tietokantaa ja sieltä etsittiin empiirisiä tutkimuksia aiheesta. Aineistoksi muodostui kahdeksan tieteellistä artikkelia vuosilta 2000-2007. Työn tuloksena oli että kansainvälisen sairaanhoitajan aseman kehittäminen kulkee rinta rinnan koko terveydenhoito-organisaation kehittämisen kanssa. Tämän opinnäytetyön perusteella löydettiin strategioita kehittää kansainvälisten sairaanhoitajien asemaa. Tärkeitä asioita työnjohtamisessa olivat työyhteisön monikulttuurisuuden edistäminen, muutosjohtajuus ja kyky edistää organisaation arvoja. Tiimityössä tärkeitä asioita olivat yhtenäinen ja yhteenpelaava hoitoryhmä, jossa ryhmän jäsenet jakavat vastuun keskenään ja rakentavat luottamuksellisen ilmapiirin työyhteisöön.</p> <p>Johtopäätöksenä voidaan todeta, että yritys kehittää kansainvälisen sairaanhoitajan asemaa ei onnistu mikäli samalla ei puututa organisaatioon kokonaisuutena. Lähtökohtana kehitykselle ei pitäisi olla kansainvälisen sairaanhoitajan puutteet ja erikoistarpeet, vaan yhtenäisyyden ja tasa-arvon edistäminen. Kansainvälisen sairaanhoitajan aseman kehittäminen edellyttää rehellistä kommunikaatiota, kannustavaa työilmapiiriä sekä ohjeistusta, joka edistää organisaation arvojen, perustehtävän ja hoitofilosofian toteutumista.</p>			
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<p>ABSTRACT</p> <p>International nursing has been a growing phenomenon throughout the globe. International nurses have been found to be an asset to healthcare organizations and an important part of the health care team. However, growing concern for the plight of international nurses facing obstacles such as professional stagnation and exploitation has spurred the development of strategies to mitigate and ameliorate the experiences of nurses working abroad. In this respect, the purpose of this study was to explore the management-influenced factors and the nurse team-influenced factors that promote the empowerment of the international nurse in the health care setting.</p> <p>The methodology used in this study was a systemic review. After a rigorous search for relevant empirical studies using OVID database, eight empirical research studies were selected using systematic review methodology to collect, analyze and synthesize data. The selected eight empirical studies were then subjected to a content analysis.</p> <p>The results suggested that the empowerment of an international nurse is inseparable from the empowerment of the health care organization. Based on the findings in this study, strategies to promote international nurses were found to mirror strategies evidenced to empower the nursing organization. Some of the management-influenced factors which were found to facilitate empowerment included a diversity rich work culture, transformational leadership at the management level, and a responsibility to foster the values of the organization. The team-influenced factors which were found to contribute to the empowerment of the international nurse included a united mutually-interdependent nurse team, shared accountability among the members of the nurse team, and the building of trust in work relationships.</p> <p>To conclude, this study indicates that efforts to empower international nurses without considering the work culture and the organization as a whole are futile because empowerment cannot take place in an environment that lacks antecedent conditions. Strategies to empower the international nurse should not focus on the deficits and special needs of the international nurse, but should focus on the similarities and commonalities of the nursing body. Empowerment of the international nurse mean open honest communication, supportive work environment, and a firm policy to quell disruptive elements that threaten the organization's values, mission, and philosophy of care.</p>			
Keywords empowerment, international nurse, foreign nurse, nurse team, nurse management			

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1 INTRODUCTION

The presence of foreign nurses in the health care setting is not a new issue. Since World War II, nurses have been recruited to meet nursing shortages overseas (Bola et al., 2003). Nurses are leaving their home countries to practice internationally in increasing numbers. Nurses may seek to work outside their own land to expand their professional knowledge, to gain experience in their professional field, to seek better employment opportunities, or simply to integrate with another culture and better understand a differing health care system. Working abroad may be an exciting opportunity, but for many nurses, it is not without its problems.

Many foreign nurses have been incorrectly labeled as economic migrants, and therefore not viewed as professional equals (Nursing Management 2004). Some of the challenges faced by these nurses are enormous. Among the multiple difficulties faced include adapting to a new language, a new culture, a health care environment that may differ from what they have known, as well as a discrepancy of nursing education expectations, and exposure to health issues that differ from those in their home countries. In addition, safety and ethics issues also play a role in the dynamics of international nursing. Foreign nurses frustrated by a lack of career development have expressed professional stagnation (Dinsdale 2005). Studies have indicated that some international nurses have endured exploitation, discrimination, or racism by doctors, fellow nurses, or patients (Alexis et al., 2005). Various foreign nurses have commented that the working-abroad experience has left them feeling 'denigrated' (Davis and Nichols 2002). In short, these nurses are experiencing great discomfort. Given these problems, it is important to learn more about foreign nurse empowerment so that smooth transition or adaptation might be planned. Empowerment has been shown by studies to mitigate the acute problem of nursing shortages, and an improved understanding of both the concept and its dynamics may have an effect on nursing retention (Kuokkanen et al., 2003). Indeed, the international nurse population appears poised to receive appropriate and effective strategies for empowerment.

The purpose of this paper is to improve the professional experience of the international nurse by identifying the management-controlled and nurse team-controlled factors that lead to empowerment. This knowledge may help create an environment for the international nurse and all staff that promotes learning, effective communication, and mutual cooperation.

2 THEORETICAL BACKGROUND

2.1 Concepts

2.1.1 Empowerment

Empowerment is a multi-dimensional concept occurring prevalently in the literature, used in many disciplines and ideologies (Rodwell 1996). Many theories of empowerment exist, including Rosabeth Kanter's and Liisa Kuokkanen's models of empowerment. The literature discussed personal empowerment, community empowerment, professional empowerment, client empowerment, and nurse empowerment, among many others.

Empowerment is a process, described and defined as mutual participation, active listening, and individualized knowledge acquisition. Antecedent conditions must exist before empowerment can take place (Ellis-Stoll 1998). These antecedent conditions include both the motivation for change as well as the capacity to understand the need for change. Participation is necessary as nurses act as facilitators in the process of empowerment, but the recipient of the empowerment process must view the change as personally significant and employ autonomy in making choices to allow the realization of the change or adaptation process. In this way, the empowerment process is facilitated.

In an analysis of the concept of empowerment using the Walker and Avant's (1988) strategy of content analysis, Christine Rodwell (1996) also describes empowerment as a process. Empowerment is described as a helping process, a partnership valuing self and others, mutual decision making, and freedom to make decisions and accept responsibility (Rodwell 1996). She describes this concept further, stating that the concept of empowerment would appear to be a process of enabling or imparting power transfer from one individual or group to another. This concept as described by Rodwell (1996) includes the elements of power, authority, choice and permission. Empowerment may also be viewed as the result or product of empowerment.

In addition to the idea of power transfer, definitions of empowerment include the development of a positive self-esteem and recognition of the worth of self and others. In Rodwell (1996), empowerment was described as a state arising from valuing others and related it to the idea that none can value others if they lack value in themselves. Rodwell

(1996) subsequently concluded that nurses therefore cannot empower unless they themselves are empowered.

In management-related literature, the concept of empowerment is seen as delegating authority and sharing power. Large organizations provide a medium for authority and sharing power, as well as a medium for the use of power and empowerment. Empowerment is related to power sharing by use of participative management techniques, networking, and quality circles as observed in studies by McClelland (1975) and Manthey (1992) (Rodwell 1996).

However, in a qualitative study of 56 staff nurses' perceptions of empowerment, a study found that the concept of empowerment had little to do with the elements of power, delegation and authority. Empowerment was viewed as enabling others by increasing resources, and related to support and counseling (Rodwell 1996).

Rodwell (1996) points out a difference in the perception of empowerment between administrator and practitioner. Practitioners value the interpersonal process of empowerment, whereas managers consider the concept of empowerment related to returning power to practitioners.

Rodwell brings to light the duality of the concept of empowerment, describing forcefulness (ability to control, 'power over') as the patriarchal view of empowerment, versus effectiveness and capacity (capability in achieving objectives) as the feminist theory, which defines empowerment in terms of giving 'power to'. For example, from a patriarchal perspective, according to certain laws, police are empowered to overpower a mentally disturbed individual in need of immediate care (Rodwell 1996).

For nurses, expert power means having the necessary knowledge, competence, and skill to perform one's role effectively within the context of caring. This observation is made by contemporary nurse theorists when addressing the connection between the nurse's role and empowerment (Rodwell 1996).

Empowerment was described as a process of changing and improving the world by using available resources. Similarly, empowerment is seen as a mutual process of sharing and development (Rodwell 1996).

Describing the element of choice in the empowerment process, Rodwell (1996) states that choice is with the individual, who, given the power, authority, skill and willingness to act, may choose to accept empowerment. Rodwell's analysis has yielded the premise that a partnership of mutual decision-making which respects and values self and others allows the realization of a "helping" process in which individuals or groups are enabled (i.e. empowered) to influence a situation, provided that they are equipped with the power, authority, skill, and willingness to act, thus changing the nature and distribution of power. Essentially, Rodwell concludes that this power shift originates from self-esteem (Rodwell 1996).

Rosabeth Moss Kanter, a faculty member of Harvard Business School, developed a model of empowerment that originally was set in the context of business. Kanter's model of empowerment forms the theoretical framework of many studies investigating the concept of empowerment in the context of nursing. Her theory of Organizational Empowerment has been particularly visible. Cited frequently in empowerment literature, Kanter identifies an empowered work environment as one that provides access to information, resources, support, and the opportunity to learn and develop (Sarmiento et al. 2004).

Employees are more committed to an organization, have higher levels of trust in their managers, can be depended upon at work, and are less likely to suffer from job-related stress within an environment where they are encouraged by their managers to act autonomously, on their expertise and judgment (Laschinger et al. 2001).

In many studies exploring work condition in the health care field, the role of empowerment has been investigated using Kanter's theory as a theoretical framework.

Another article referring to Kanter's theory describes an organizational empowerment model in which structural factors such as access to information, support, resources and opportunity in the work setting are posited to have a major influence on employee's ability to get work done (Laschinger and Havens 1996).

According to Kanter, managers are in an ideal position to create these structural conditions for work effectiveness. The results of one study looking at empowerment discussed that staff nurses felt that structural empowerment in their workplace resulted in higher levels of psychological empowerment (Laschinger 2001).

Conger and Kanungo's (1988) model of empowerment illustrates that in addition to creating empowering work structures, managers or leaders must eliminate situations that foster powerlessness, by encouraging staff members to accomplish tasks. Task accomplishment in turn, builds a sense of competence and self-determination. Furthermore, Conger and Kanungo (1988) describe the need for specific leader behavior development, arguing that empowerment can only come about in the context of an employee's skill and ability (Kuokkanen 2000).

Kuokkanen's (2000) empowerment views are also increasingly visible in empowerment literature. Her findings support the idea that empowerment encompasses aspects of employee growth and development within nursing. She points out that the definition of empowerment requires clarity and may be described in terms of critical social theory, organization theory, and social psychological theory.

In terms of organizational theories, empowerment is a process that leads to individual and group productivity. Here empowerment provides well-being at both the individual and organizational level, which ultimately reinforces staff self-image and cooperation networks. Kuokkanen (2000) stresses that leadership may want to apply ideas of empowerment to foster employee satisfaction and productivity but this cannot be achieved merely by handing down tasks to subordinates. In terms of social psychological theory, empowerment is viewed from the perspective of the individual. As opposed to empowerment in terms of the organization, social psychological theory describes empowerment as a dynamic process involving environmental elements, and their influence on the individual (Kuokkanen 2000).

In this paper, empowerment is expressed as a concept of capacity and effectiveness in meeting objectives. Connotations of empowerment related to forcefulness or control are dismissed, because participation is considered to be an important element of empowerment. Empowerment, in this paper, is an enabling process that involves elements of valuing others, building confidence as a result of task accomplishment, participation and autonomy in the work environment.

2.1.2 International Nurse

International nurses are those practicing outside the borders of their own countries. Issues related to international nurses include the practice of nursing, language and culture. A nurse may become an international nurse as a result of migration. In the United States, nursing shortages have been alleviated due to heavy recruitment of foreign-educated nurses (Davis 2002).

International nurses may be viewed as unskilled nurses because of communication and language skill difficulties. Nurses often express fear of not being understood (Edward 2000). In the clinical care setting, international nurses recognize that there are differences in managing patients and medical equipment; in order to assimilate to their new environment, these nurses understand the need to develop new skills.

The degree to which nurses can acclimate to a new setting is dependent upon the level of support available to them (Gerrish 2004). Often international nurses are at a disadvantage to their domestic counterparts. For example, they are not viewed as equal contenders in pay-raise decisions, and encounter discrimination in promotion (Gerrish 2004).

International nurses face a myriad of challenges. In Britain, for example, international nurses face the routine hostility shown to newcomers in addition to working in a healthcare environment that has a history of bias and racism (Gerrish 2004). These nurses need mentors to help create an environment that values diversity.

Gender differences also play a role in international nursing. In some countries, single women may require increased training and support in order to adapt to their host countries. These women may need to understand culturally sensitive issues such as the differences found in the traditional roles of men and women within their host countries. Differences in equality may surface as a result of gender differences; Nurses are perceived according to cultural norms established in different countries (Kim et al. 2006).

In terms of culture, international nurses found dietary needs and religious issues significant. Areas that required development included eye contact, pain expression, and mode of communication. In addition, areas of society involving sexual orientation, substance abuse, alternative lifestyles are encountered by some nurses for the first time, requiring adjustment and coping strategies. Thus, international nurses need education and understanding, as they undergo a process of development (Davis & Nichols 2002).

Some of the difficulties faced by international nursing include differences in pharmacological nomenclature and medical jargon. Furthermore, international nurses felt inadequate to inquire about medical procedures they did not understand (Davis & Nichols 2002).

According to Alexis (2005), the recruitment of international nurses has been one initiative implemented in Britain to help resolve the nursing shortage problem. Racist attitudes within the healthcare system oppress minority nurses and prevent career advancement. There is a lack of uniform equal opportunity in the healthcare system. Culturalist models have been developed to ease the problem of inequality and racism, but the problem persists. A large gap in equal opportunity between ethnic minority nurses and nurses belonging to the predominant culture is apparent (Alexis 2005).

Culturally competent environments become a significant issue when the concept of international nursing is discussed. Alexis (2003) describes culture as a combination of thoughts, communication, actions, customs, beliefs, values, and institution of racial, ethnic, and social nature that are all included in human behavior. International nurses should be able to practice in an environment that honors and respects diverse beliefs, styles, and attitudes (Alexis 2003).

International nurses belong to cultures that are different from the predominant culture and it is essential that they can learn comfortably in an environment that values becoming culturally aware, gaining cultural knowledge, and achieving cultural skills (Alexis 2003). Newcomers to a country need to understand local customs, local values, and personal safety for rapid orientation and assimilation. Newly arrived nurses have been a victim to street crimes, not being aware of dangers in a given society (Alexis 2003).

In this paper international nurse refers to a nurse practicing outside his/her national borders, and the terms international nurse, foreign nurse and ethnic nurse are interchangeable.

2.1.3 Management

A manager has been described in many ways in the literature. In this paper, the meanings of management in the nurse setting are explored. A manager may be considered a director of nursing, department supervisor, charge nurse, or a staff nurse who supervises aides, techs, support staff, managing or supervising other staff members is a part of a manager's roles and responsibilities (Badzek et al. 1996).

Changes in an organization can be brought about by the influence of a nurse manager. Work cultures can be managed by effective leaders. Among the responsibilities of a nurse manager, are implementing changes in patient care and structural changes in the healthcare organization (Morrison et al. 1997).

An effective manager demonstrates leadership. Morrison et al. (1997) describes leadership as a skill in influencing a body or group to achieve its goals. The successful completion or attainment of a goal is an indication of the effectiveness of an organization's leader. There are four components in transformational leadership that emerge when contrasting transformational and transactional leader behavior (Morrison et al. 1997). These components include idealized influence, inspiration, intellectual stimulation, and individualized consideration. Idealized influence (charisma) is a process whereby the leader provides followers with a vision and a sense of mission and gains respect, trust, and confidence from followers.

Inspirational leaders take part in encouraging their employees to accomplish tasks thus building confidence and ensuring successful outcomes. Transformational leaders interpret the mission and vision of the organization so their employees can clearly understand the organization's values. Intellectual stimulation involves a leader's ability to heighten awareness among employees and encourage them to use a creative approach when viewing problems. Lastly, individualized consideration is an aspect concerned with providing individual support, encouragement/guidance, and counseling to meet each employee's specific needs (Morrison et al. 1997).

Transactional leadership, however, is a less participatory form of leadership. It has been described as a cost-benefit, economic exchange whereby employees' material needs are met by contracted services. Behaviors-contingent reward and Management-by-exception are the two categories under which transactional leaders operate.

For example, the leader may present explicit rules concerning the expectations held of the employee. Thus, a contractual agreement exists between leader and employee by which both parties understand what is expected and what is not expected (Morrison et al. 1997).

When a leader intervenes as a result of an employee not meeting a specified goal, management-by-exception may take place. This practice involves active intervention in which a manager steps in when an actual deviation has occurred or passive intervention in which a manager steps in only when standards are not met (Morrison et al. 1997).

According to Kim et al. (2006) three main tenets of leadership were found in the literature to describe the leadership development process. The understanding that leaders are both born and made, sustainable results can be expected from good leaders, and the assertion that effective leaders can inspire others are the three main tenets of leadership. Global leadership is a multidimensional phenomenon involving international socialization and cross-cultural work.

Leaders with cultural competency will have a global mindset and expert knowledge and skills about the complexities of nursing and possesses insight into cultural nuances (Kim et al. 2006). The importance of communication in leadership is vital. A leader in a multicultural environment must be able to communicate at a deeper level than understanding language and words. He/She must also know how to understand the underlying behavioral patterns which may provide more information about a situation or event. Leaders in healthcare are expected to guide changes in the healthcare field to fulfill a vision of meeting healthcare needs. In addition, they are responsible for educating the nurse workforce to provide quality patient care for a diverse group of clientele.

Gender issues also play a major role on the leadership stage. Women consist of 85% of the nursing workforce, however, they hold only one-third of all nursing management positions and only 8% of healthcare executives are women (Kim et al. 2006). This gender gap is believed to result from the view that men define the attributes of leadership, and thus set the eligibility criteria for management (Kim et al. 2006).

In this paper, management refers to a relationship-building practice involving inclusivity, open-mindedness, patience, flexibility, respect, and willingness to understand and value different cultural and societal views; the terms management and leadership are interchangeable. Transformational leadership characteristics like individual consideration and a penchant for creativity are also considered to be important elements in the definition of management.

2.1.4 Nurse Team

The term *team* has been related to team development and collegiality. In the context of academic nursing, Congdon et al. (1995) have defined this concept as follows:

Interdependent working conditions, developed by scholars in which they can learn from each other, share and develop their expertise together; and where empowerment, critical reflection, feedback and commitment to continuous improvement, are a recognized part of their professional obligation (Congdon & French 1995).

Collaboration is based on the goal to provide quality patient care with a common purpose, and to understand the roles of team members using a common language and respecting each member's perspective or point of view. Effective patient care is a result of coordinated team efforts (Millward & Jeffries 2001). An effective team is described as one that has shared goals to which all members are committed and work in a cooperative manner recognizing and respecting each other (Millward & Jeffries 2001).

A competent team is one with transferable skills that can quickly adapt to the demands of changing environment. Some researchers suggests that competent teams are those that are able to anticipate the thoughts of its members and coordinate their actions in a mutual way exhibiting what Cannon-Bowers et al. (1990) has described as a shared mental model. In addition, it is imperative that a viable functioning team is flexible to fluctuating circumstances, and demonstrates a high degree of team motivation (Millward & Jeffries 2001).

Identity and team potency were considered to be two aspects of team motivation in effective teamwork. Identity relates to how the individual views himself in relation to the team, and the extent to which the individual perceives personal success is connected to team success, resulting in the feeling that team achievement is as or more important and rewarding than individual achievements. Team potency refers to the shared understanding and commitment to team success and viability in the universal sense (Millward & Jeffries 2001).

The concept of team relates to interdependence. Teams work efficiently with proper collaboration based on mutual respect. In order to bring about successful teamwork, drive and dedication are necessary. Trust between team members can be developed when

individuals are forthright in words and actions. The most effective teams have mastered the ability to predict what an individual will do under a certain circumstance. As a result, this flawless coordination leads to increased trust among team members that will allow risk-taking for success. Within a team, trust is significant and requires nurturing. Without trust, a team is unable to function effectively (Hader 2005). Effective team members will bring about the best in their colleagues. A good team member can also recognize which person can best achieve a particular goal. When team members' specific talents are recognized and utilized for the benefit of all, a team can be successful. Members of a good team are able to put aside personal interest and ego for the good of the collective. An excellent team can function when clear rules are stated concerning the expectation of behavior and effort from each individual team member. When a member refuses to follow the collective rule, he/she must be prepared to leave the team (Hader 2005).

Another important aspect of teamwork concerns honesty. Honesty helps build trust within the team members. Even subtle deviations from honesty can be detrimental to team cohesiveness and effectiveness. Story changing and misrepresentation are examples of the damaging behavior that cannot coexist with effective teamwork. Strong ethical codes paired with tenacity are key components of a unified team. Effective and collaborative teamwork is the only way to provide patients with high quality care (Hader 2005).

The concept of nurse team is important in the nursing profession, and its significance is highlighted by studies that emphasize the necessity of teamwork among healthcare professionals. Millward & Jeffries (2001) have illustrated the importance of teamwork among different professionals in the healthcare field which leads to better outcomes in health practice. Effective nurse team is related to nurse retention. Among the top factors that were cited by the *Nurse Recruitment and Retention Study* (Butler & Felts 2006) to promote nurse retention included fostering a positive collegial working environment.

In this paper, nurse team refers to an interdependent body that operates with shared commitment and accountability, driven by a high degree of trust to bring about optimal results in team endeavors, with the ultimate objective of providing excellent patient care. A major aspect of the definition of team is the idea that while individual members of the team are respected, the overall objectives of the team are a priority.

2.2 Earlier Studies

Pelkonen & Hakulinen (2002) discussed empowerment from a family perspective. The study describes empowerment as a process of creating capability or possibility. The concept of giving permission is also related to empowerment. Elements of empowerment include boldness and courage, and one who has a strong sense of power can be said to be empowered.

The article expresses that while there are many words related to the term, there is no consensus about how to exactly define empowerment. Empowerment includes concepts of cooperation, communication, and full participation.

Being empowered is related to the feeling that one has a voice, that one has been heard. In addition, one is empowered when their point of view is considered and understood. Like other earlier studies, Pelkonen (2002) has stated that empowerment cannot take place if the nurse or body doing the empowerment is not itself empowered. Furthermore, empowerment is described as an act that can only be carried out by a qualified professional. The recipient of the empowerment needs to be informed, provided with knowledge, and the choices made need to be respected.

Empowerment is enforced by active listening, significant knowledge, and offering support. When empowering a family, many-sided issues must be considered. For example, empowerment could mean helping the family estimate its own resources and providing support services and offering information about support groups. Empowerment can be fostered through dialogue, development of trust, and mutual influence (Pelkonen & Hakulinen 2002).

Pelkonen & Hakulinen (2002) describes that empowerment involves being a client advocate and representing a client's rights. A nurse would give information to the client in order to help the client make a well-informed decision. It is also the nurse's ethical responsibility to make sure the information given to the client is correct and full in scope. In this way, the nurse develops the capacity of the client.

Furthermore, by reflective active listening, one can develop the trust and contact with a client. Nurses relate that the process of empowerment should result in such a way that the client would take responsibility over himself or herself.

In the article empowerment is expressed as a process the nurse applies to strengthen a family through resources and support (Pelkonen & Hakulinen 2001).

The concept of family described by Pelkonen and Hakulinen (2001) can be related to the concept of international nurse. In the same way that a family needs resources and information to be effectively empowered, an international nurse attains empowerment through timely information and adequate resources and support.

Siitonen (1999) describes empowerment as a personal and human process, involving an inner power that cannot be transferred to another individual. His study views empowerment from a humanistic perspective. This study refers to empowerment as a phenomenon that includes sub-processes. Essentially, Siitonen (1999) illustrates that an inability to attain the sub-processes of empowerment results in a failure to be empowered.

The degree of empowerment has an effect on the level of commitment. Thus, commitment of an individual to an objective varies with the degree to which the individual can be empowered. Although Siitonen (1999) has defined empowerment as a temporary state, he nevertheless describes an ability to promote empowerment through openness, autonomy, encouragement, and an overall sense of security.

As described by Siitonen (1999) empowerment is brought about by the need to secure human well-being. As cited in Siitonen (1999), categories of freedom, responsibility, appreciation, confidence, context, climate, and positive regard were identified to be highly relevant for the process of empowerment.

In this paper, the concept of empowerment is also related to the definitions put forward by these earlier studies. Empowerment can be ensured, as stated by these earlier studies, by a supportive environment that fosters openness, recognition, and a climate of security and ease. These studies also support the consideration made earlier in this paper that empowerment involves full participation, positive self-esteem, and a desire to understand and be understood.

3 PURPOSE AND STUDY QUESTIONS

Due to the effects of globalization, international recruitment efforts to resolve nursing shortage problems, and migration, increasing numbers of nurses are practicing in health care settings beyond their national borders. Many health care settings are unprepared to meet the multi-faceted needs of incoming foreign nurses. Evidence indicates that a disproportionate number of foreign nurses experience difficult transition, exploitation, psychological distress, and professional stagnation in their new work environments.

The purpose of this review is to explore the factors that promote empowerment of the international nurse in order to provide data that could be used in the development of adaptation programs aimed at effective and ethical orientation of foreign nurses into the host country's health care setting.

The questions this review attempts to answer are:

- What are the management-influenced factors that promote empowerment of the international nurse?
- What are the team-influenced factors that promote empowerment of the international nurse?

4 METHODOLOGY

4.1 Data Collection

The data collection process was carried out with the objective of selecting highly relevant empirical articles as a result of doing a comprehensive search in internationally recognized databases. Every step in this process of selecting empirical articles was guided by the research questions posed in this study.

Ovid database proved to be a reliable source from which to conduct searches within scientific nursing journals. The databases searched within Ovid included The Cumulative Index to Nursing & Allied health (CINAHL) and Medline. Because initial searches for articles on empowerment of the international nurse yielded poor results, it was decided that multiple keyword sets would offer the best option in an effort to conduct a comprehensive, high-yielding search. The multiple keyword sets were based on the keywords of foreign nurse, management, nurse team, empowerment and related concepts. These main keywords and their synonyms were used in the search strategy. A chart of the multiple keywords sets used to conduct this search can be found in Appendix II.

In order to ascertain that the resulting articles were relevant to this study, inclusion and exclusion criteria were applied. The inclusion criteria selected included the following:

1. full-text electronic primary empirical research articles
2. Published from 2000-2007. This period was selected to ensure up-to-date and relevant information.
3. Admit data from articles reporting as varied populations as possible, because global answers to the study questions were sought.
4. When conducting the search for relevant article, the limits were selected in the following order: Title, Abstract searches, original article, articles w/ abstracts, articles w/ references, CINAHL full-text available, English, English language, Full-text, Humans, Ovid full text available, 2000-2007, Research article.
5. Articles yielded from the final combination search were included.

The exclusion criteria applied to the search process included the following:

1. Primary research that required purchasing was omitted.
2. In addition, articles written in languages other than English were not included due to the expense of translation.
3. Duplicates of the same study were excluded during the systematic review.

In the data collection process, comprehensive inclusion was an aim. The main search strategy took two separate approaches: the first one was a computerized search including all 'hits' for keywords associated in the study. The second was to review the reference list from the selected articles. Finally, a systematic review method described in "Systemaattinen Kirjallisuuskatsaus tutkimustiedon jäsentäjänä" was utilized (Kääriäinen & Lahtinen 2005).

When using the OVID database, multiple databases which met the inclusion criteria were searched simultaneously. First, a list of search terms or search strings were compiled from the multiple keyword sets seen in Appendix II. Within these search terms, Boolean operators such as "AND", "OR" and "NOT" were used as well as truncation and wildcards to assist in refining the search (Appendix III). These search strings could then be employed in the primary and combination searches. Thus, to maximize the search, multiple keyword sets were used in the "primary" search displayed in Appendix IV. Then, two or more multiple keyword sets from the "primary" search were combined in the "combination" search in order to refine the search (Appendix V).

As can be seen in Appendix IV, the primary search resulted in a considerably large amount of articles. In order to narrow down the number of articles and continue to refine the search, a combination search was conducted. The results of the combination search can be viewed in Appendix V.

It is the results of the combination search that underwent careful evaluation in the systematic review process. The systematic review examined data-based and conceptual articles associated with the core concepts of this paper (LoBiondo-Wood 2006). This process is considered a qualitative systematic review, because strict statistical methods were not used to combine the findings (LoBiondo-Wood 2006).

4.2 Systematic Review

This systematic review was guided by the objective to answer the research questions presented in this study. Thus, an effort was made to synthesize the relevant data emerging from the search while maintaining the integrity of the search process (Kääriäinen 2002).

This systematic review method was applied to all three combination searches (Table 1). In the systematic review of the total combination searches, the initial 531 research articles were narrowed to 167 after duplicates were discarded, and only those articles with an appropriate title were selected. Then these articles were narrowed to 64, when the articles were selected according to abstract. The articles were then narrowed to 21 articles when evaluated according to body of paper. The articles remaining were carefully evaluated, leading to the selection of the final number of articles (Käärainen & Lahtinen 2005).

METHOD TO COLLECT AND APPRAISE EMPIRICAL ARTICLES FOR ANALYSIS (Kääriäinen, Lahtinen 2005)					
COMBINATION SEARCH:	Initial nro:	STAGE 1: TITLE	STAGE 2: ABSTRACT	STAGE 3: PAPER	STAGE 4: FINAL SELECTION
Combination 1	94	28	4	4	2
Combination 2	235	85	28	8	1
Combination 3	202	74	32	9	5
Total:	531	167	64	21	8

Table 1: Systematic review method

Thus, a total of 8 articles were found to be legitimate to undergo the content analysis (Table 2). Details of the systematic review selective process can be viewed in Appendix VI.

Journal Name	YEAR						
	2000	2001	2002	2003	2004	2005	2006
Journal of Gerontological Nursing		x					
Journal of Advanced Nursing		x					x
Journal of Nursing Administration		x		x			
Nursing Administration Quarterly				x			
AORN				x			
Nursing Economic\$						x	

Table 2: Selected articles and corresponding journals for final analysis

4.3 Data Analysis

Inductive content analysis was used in this paper as a form of qualitative data analysis necessary for the examination of the data. Words in the text were classified into categories, chosen because of their theoretical relevance to the study questions posed in this paper. Three stages of this process involved comprehension, analysis, and interpretation (Burns and Grove 2003). The empirical data consisted of eight research articles that were selected for their relevancy, and most effective ability to answer the study questions of this topic (Kääriäinen 2005).

Briefly, the content analysis was conducted as follows: First, the eight articles were read thoroughly several times to obtain a clear sense of the entirety of the research reports. When examining the data, manifest content analysis was used. Analysis by latent content (a process of interpreting implicit or hidden meaning within the data) was avoided because this process could introduce bias and thus affect the validity and reliability of this research paper. The next step was to define the unit of analysis (Kyngäs & Vanhanen 1999). In this thesis, the unit of analysis was a word or expression.

In order to help identify relevant words or the unit of analysis, a software program that determines word frequency was used (MS WordCount®). This program displayed the number of times words appeared within ALL eight empirical articles combined. By so doing, the frequency with which words appeared could be determined for analysis (Appendix VII).

For the purposes of this analysis, the table in Appendix VII reveals potential units of analysis. Each word on this table was examined to determine its relevance in providing answers to the research questions. The following question was kept in mind when selecting the word or unit of analysis, "What is the dynamic/quality/act/state that will empower the international nurse?" In this early part of the analysis, the overall concept of empowerment of the foreign nurse was applied. Once those words which answered this question were selected, the review articles were read again to find relationships and meanings between the words in the text (Kyngäs & Vanhanen 1999).

The content analysis in this section of the paper was conducted to construct a model to describe the phenomenon emerging from the data in a conceptual form. Using inductive analysis method described by (Kyngäs and Vanhanen 1998), all the articles were read thoroughly, emerging themes were identified, categorized, and subcategories were identified within each theme.

5 RESULTS

5.1 Management-Influenced Empowerment of the International Nurse

As a result of the content analysis, a conceptual model was constructed that answers the first study question, “*What are the management influenced factors that promote empowerment of the international nurse?*” This conceptual model can be viewed in Chart 1.

As shown in Chart 1, the simplified expression category represented a grouping of common words found throughout the empirical text. The simplified expressions *nurse control*, *rewards*, and *compensation* were connected to the Sub-Category *validation*, because these signify a manifestation of validating the nurse professional. In this sense, validation results from allowing the nurse to practice autonomously, rewarding her for excellent practice, and providing the compensation and benefits that match her expertise and contribution.

The words *development opportunities*, *staff support*, and *life-work management* were simplified expressions connected to the Sub-Category *support*. When an organization provides development for advancement opportunities, plenty of staff to alleviate workload, and flexibility to manage work and personal life issues, then the organization is offering support to its nurses.

The simplified expressions *development of staff*, *appreciation of staff*, *boss availability*, and *staff participation* were all words connected to Sub-Category *Personnel Awareness*. From a management perspective, personnel awareness results when training and development is personalized to the needs of staff members, an appreciation for the staff is demonstrated, nurse bosses are present and accessible to all staff nurses, and the participation of nurses in administrative decisions are welcomed.

Flat management, *advocate*, and *leadership attributes* were the simplified expressions connected to the Sub-Category *employee-centered management*. This connection refers to the understanding that employee-centered management is the state that results in an organization lacking crippling hierarchy, displaying loyalty and advocacy towards its nurses, and demonstrating nursing leadership that portrays a passion for nursing and a desire to meet the needs of the nurse.

The simplified expressions *open diversity discussion* and *diversity-driven* were connected to the sub-category *Diversity Awareness*. This connection illustrated the importance of the validation of personal experiences expressed through story-telling or diversity dialogue. A diversity-driven organization is one that demonstrates a commitment to cultural competence and offers diversity awareness education to all staff members.

The sub-category *Quality Control* contained the simplified expressions of *self-development* and *grooming of staff*. This connection refers to the need for managers to continuously undergo self-development and self-evaluation to maintain quality assurance of the organization. Furthermore, *grooming of staff* is a responsibility that the manager carries to inculcate staff members with the values of the organization, which include a solid respect and acceptance for multiculturalism, and to take discretionary measures to resolve issues among staff that threaten to undermine the values of the organization, and its commitment to remain culturally aware and unbiased.

The simplified expressions *compassion* and *trust* were connected to the sub-category *Values*. This connection denoted the importance of courtesy and humanitarian conduct, fairness and trust between members of staff and management in representing the values of the organization.

The main categories consisted of transformational leadership, world class culture and elements of excellence. The combination of these three categories yielded the answer to the question posed in this paper.

Thus, the question can be answered by the following statement: From the management's sphere of influence, empowerment of the international nurse is a consequence of the committed application and reinforcement of an organization's values; understanding, acknowledgement, and support of the nurse power phenomenon in conjunction with transformational leadership; and the pursuit of excellence through the attainment of a world-class work culture defined by quality of staff and an attitude of acceptance and tolerance that transcends protectionist thinking.

5.2 Team-Influenced Empowerment of the International Nurse

The second study question posed in this paper, “*What are the team-influenced factors that promote empowerment of the international nurse?*” is also answered by a conceptual model constructed from the inductive content analysis. This model is shown in Chart 2.

As shown in Chart 2, the simplified expression category represents a grouping of common words found throughout the empirical text. The simplified expressions *full use of communication resources*, *promoting team cohesiveness*, and *encourage team leadership* were three simplified expressions connected to *Team Effectiveness*. This connection indicated that team effectiveness is manifested when all members of a team are openly communicating, team togetherness is promoted, and the self-directed teamwork is supported.

The simplified expressions of *fostering team satisfaction* and *team-building strategies* were connected to *Team Nurturing*. This connection demonstrated the evident need for satisfaction, team spirit, and positive feedback to nurture the team.

The simplified expressions of *shared accountability*, *cultural sensitivity*, and *team comraderie* were connected to the sub-category of *Shared Acceptance*. When members of a team share a commitment to excellent patient care, nursing diversity, and a supportive working relationship, shared acceptance is the result.

The sub-category Quality Control contained the simplified expressions of *team reform* and *sensitivity training*. Team reform refers to the need for nurse team members to undergo evaluation and retraining if standards are not met. Sensitivity training refers to the need for nurse team members to be aware of actions, words, and attitudes present in the work environment.

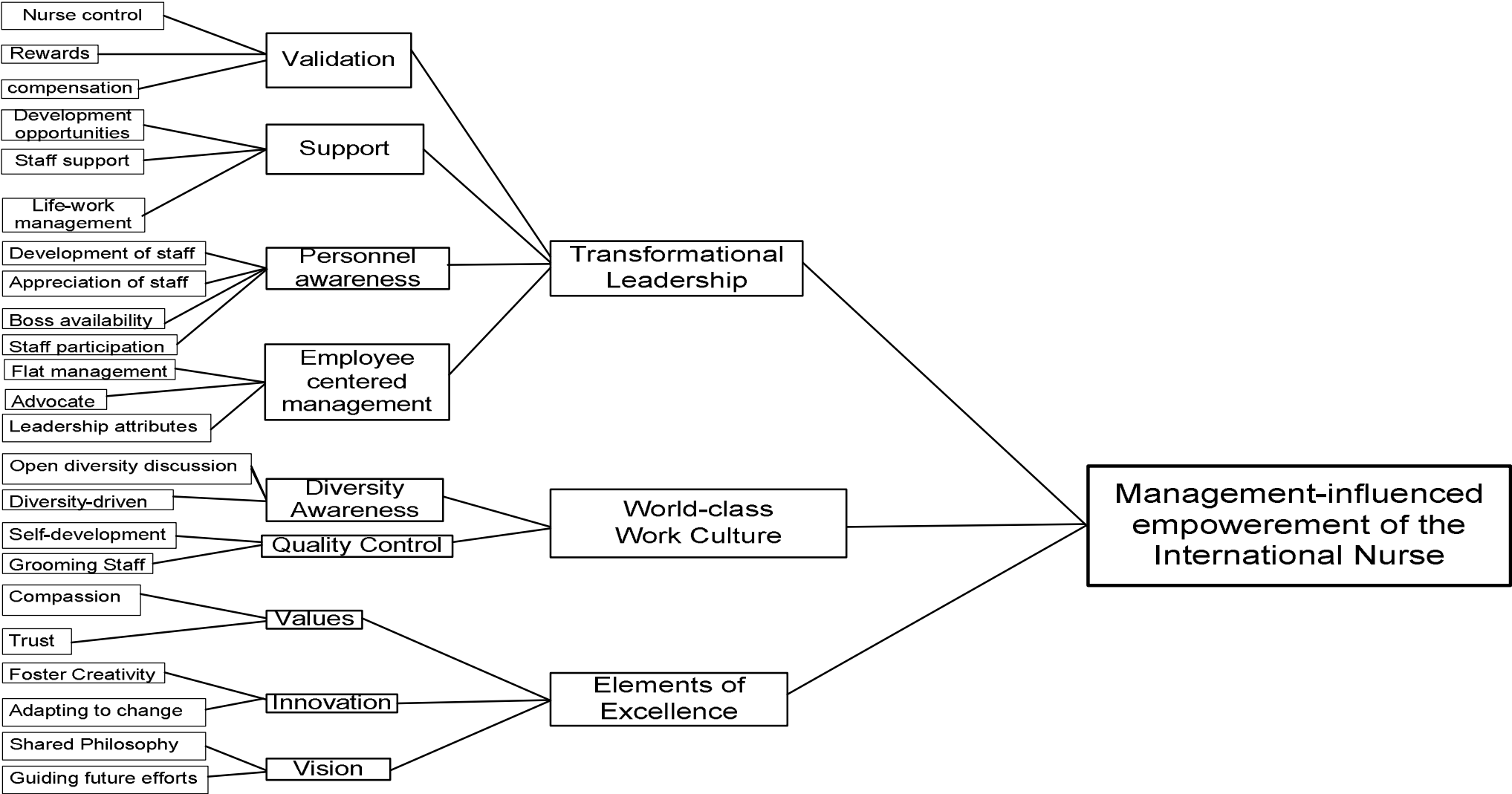
The simplified expressions of *foster creativity* and *flexibility to change* were connected to the sub-category *Innovation*. This connection illustrated the need for teams to adapt well to change and try new methods when traditional or routine methods are not yielding results.

The simplified expressions *shared philosophy* and *guiding the future* was connected to the sub-category *Vision*. This connection showed the importance of a mission statement, the daily reinforcement of core values among team members, and eliminated the gap between what was said and what was actually done in the work environment.

The main categories consisted of team power, world-class work culture, and elements of excellence. The combination of these three categories yielded the answer to the question posed in this paper.

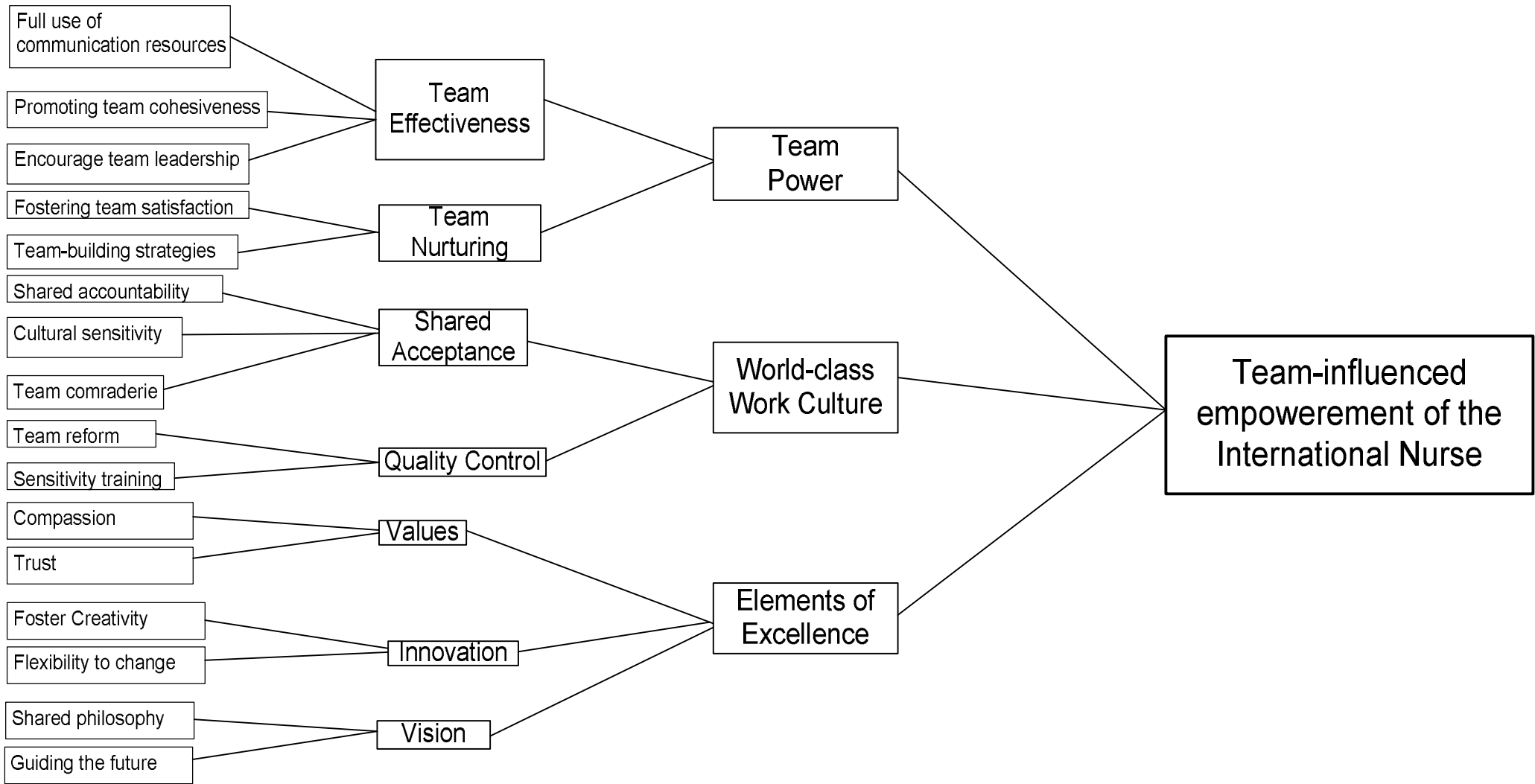
Thus, the question can be answered by the following statement: From the nursing team perspective, empowerment of the international nurse is a consequence of the united active effort to embody an organization's values by the creation of a world-class work culture, a fundamental understanding and acknowledgement of the interconnectedness of the team power phenomenon and teamwork, and the perpetual incorporation of the vitally important elements of ethics, innovation, and team-oriented satisfaction in all aspects of internal practice, cooperation and interpersonal interaction.

Chart 1: Management-Influenced Empowerment of the International Nurse



Simplified expression **Sub-Category** **Main Category** **Combined Category**

Chart 2: Team-Influenced Empowerment of the International Nurse



Simplified expression

Sub-Category

Main Category

Combined Category

6 VALIDITY AND RELIABILITY

Every effort was made to maintain the integrity of the search process. Bias was minimized through rigorous adherence to established rules for systematic review and inductive content analysis. Because the researcher was the sole evaluator of the data, interrater reliability was low (LoBiondo & Haber 2006).

The validity and reliability could have been hindered due to collaborative difficulties met during the initial undertaking of this project. However, the author of this paper made great effort to correct any potential inconsistencies resulting from that initial encounter. These efforts included reconstructing the entire research process to the extent of redefining the study questions and developing an unbiased search strategy to systematically minimize any threats to the validity and reliability of the paper.

7 ETHICAL CONSIDERATIONS

Ethical considerations were maintained throughout the course of developing this thesis. In addition, the principle of beneficence was considered. Permission to use library resources was granted through the school's accessibility rights which extended to all students enrolled in the study programme. Furthermore, through an agreement with Stadia Polytechnic (AMK), full access to OVID research database was available. Every effort was made to keep the research process in line with the guidelines set by the teachers.

Also, authors were given credit for their work. The principles for completing a systematic review and content analysis were considered and applied.

8 DISCUSSION

The findings of this paper largely supported the results of existing research regarding the significance and benefits of international nurse empowerment. However, previous studies have approached this topic with a “foreign nurse-focused” outlook, focusing more on the differences and challenges instead of focusing on the similarities between the international nurse and his/her host country’s hospital environment. The findings of this paper suggest that international nurse empowerment is an issue that goes hand-in-hand with the issue of empowerment within a workplace.

Any solution to international nurse empowerment should be addressed jointly with the empowerment of staff and organization. Any effort in helping an international nurse reach his/her full potential is a futile one if the working environment is pervaded by disempowering behavioral patterns exhibited by staff and nursing management.

Empowerment of an international nurse and empowerment of staff within an organization are not separate issues. An empowered international nurse is result of an empowered organization in which nurse, nurse team, and nurse management all carry out a philosophy of care which embraces diversity, humanity, free expression, and firm action to address potential threats to the harmony of an empowered organization. By addressing the deficits within the nurse management and nurse team, and exploring strategies to lessen horizontal differences, hierarchy, and dissonance within the organization, the empowerment of the international nurse is inevitable.

When developing this paper, it was acknowledged that international nurses inherently have special demands to be addressed in order to bring about their empowerment. For example, nurses whose native language is not English need more educational opportunities (Alexis 2003). Ultimately, though, the empowerment of the international nurse is linked to the empowerment of any nurse. When reviewing the literature, it became evident that empowerment of nurses is a universal concern, applicable to nurses from any region of the world. In literature addressing “international nurse” challenges, adaptation, and assimilation, many of the recommendations offered would really be a benefit to all nurses.

For example, in literature concerning foreign-nurse orientation, Alexis (2003) recommended that personal development plans, in place as part of ongoing professional development, should follow orientation courses and create environments were life-long learning is

encouraged. Bola et al. (2003) advised to strive to foster not only diversity awareness and appreciation, but also specific diversity management skills such as a willingness to communicate, relationship development, self-monitoring, and self-evaluation.

Reporting on advice international nurses gave to future international nurse colleagues, Davis et al. (2002) writes, "Have a support system and stay positive, make sure that there are friends, family, that can provide support, and be flexible and open to change." It is easily seen that these recommendations would be useful advice to all nurses, whether entering the nursing profession for the first time, or with years of experience behind them.

Again and again, amid research addressing international nurse migration, exploitation, development, advancement, or education, the strategies provided to ease transition, ease adaptability, or facilitate orientation were predominantly universal recommendations that would bring about the empowerment of mostly any nurse, team, and management when appropriately applied. Thus, this paper suggests that attention directed to address the potential threats to empowerment within the workplace would result in effectual empowerment of the staff, management, and international nurse.

The findings of this paper reflect efforts made to find similarities between nurses, and not focus on the differences between an international nurse and his or her local colleagues. In fact, the evident need to empower the nursing body is just as important as addressing the elements involved in international nurse empowerment. International nurses need to be able to come into a working environment which is set to support, develop, and embrace the richness that his/her participation would bring about.

When the nursing organization creates an empowering environment at all levels, an international nurse is automatically regarded with dignity, a vital part of the team, and a member in the effort to provide world-class patient care. As the nursing literature indicates, empowerment cannot take place unless the body imparting the empowerment is itself empowered. International nurses can fail to become fully empowered if they are forced to contend with challenges that would be nonexistent in a work environment lacking empowerment.

A predominant theme in the literature is the visibility of the nurse manager. When the nurse manager is approachable, visible, and engages in participatory communication the international nurse can be empowered. One important factor to empower the international

nurse involves open, clear communication among team members. A change in work culture and training for cultural competence and effective interpersonal communication may be warranted.

The findings of this paper indicate that the team can promote the empowerment of the international nurse by espousing the traits of community, shared accountability, commitment, and mutual respect. In this way, the nursing team creates an environment of support for nurse colleagues. The empowering work culture can be described as one in which humor, acceptance, quality control, and diversity awareness abound. In this way, nurse, team and management can be empowered in the work place environment.

In summary, international nurses are faced with many challenges when they work abroad. Findings from this paper will help to better understand the empowerment process in order to ameliorate working conditions for international nurses. Hospital organizations and staff are challenged to incorporate the strategies of empowerment to benefit the workplace for themselves and incoming international nurses.

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APPENDIX I

“Interventions to Nurture Excellence in the Nursing Home Culture”				
Author(s), Year	Study Purpose	Sample	Data collection and analysis	Main findings
Deutschman, Marian August 2001	The purpose is to provide insights from two specific interventions. Both were developed to assist facilities to harness the talents of their employees, while adapting to change and building a culture dedicated to excellence and quality. The first was the videotaping of a search for excellence. The second was a unique theatrical performance of communication behaviors found in the nursing home setting.	Letters of invitation were sent to all the nursing homes in Erie County (in Western New York) asking each administrator to attend a full day workshop accompanied by the director of nursing a CNA, and three other staff in members in key positions in the organization. Seven nursing homes participated- Three for-profit homes and four not-for-profit homes.	<p><u>SEARCH FOR ROLE MODELS OF EXCELLENCE:</u></p> <p>The administrator of that facility granted permission to videotape interviews with key members of his organization. Two additional sets of videotaped interviews with key stakeholders were conducted in Troy, NY and Clifton Park, NY following contact with the director of long term care in the eastern part of the state. Those who were interviewed shared their perceptions about what makes them a high-quality organization and culture. In addition to the administrator, director of nursing, 1 or 2 certified nursing assistants (CNAs), a family member and a resident in each facility, other stakeholders such as the medical director, the certified therapeutic recreation specialist, a social worker, and a charge nurse were interviewed.</p> <p><u>INTERVENTION TO SENSITIZE AND IMPROVE RELATIONSHIPS</u></p> <p>Follow-up visits to each facility were scheduled 4 to 6 weeks after the workshop. A follow-up survey was sent one year later to each of the participants. In addition, each administrator was asked for updated data on turnover, absenteeism, call-ins, and worker compensation claims. Of the 39 participants to whom the surveys were mailed, only 14 responded, representing too small a sample to make any generalizations about the program and its impact.</p>	In these organizations, leaders take an active role demonstrating that all jobs are equally important, even though different. Leaders will also wipe urine off the floors. To adapt to change, there must be collaboration and flexibility. To encourage creativity and risk-taking, there is a need for mutual respect. Although change usually begins with leadership, communication and interpersonal behaviors make it work. Participation must replace control. Theater for change was an effective an entertaining intervention.

“Creating a Culturally Competent Organization: Use of the Diversity Competency Model”				
Author(s), Year	Study Purpose	Sample	Data collection and analysis	Main findings
<p>Frusti, Doreen K. et al.</p> <p>Jan 2003</p>	<p>The Diversity Competency Model is used to conduct an in-depth assessment of one nursing organization's diversity initiatives; leadership commitment, structural linkages, organizational culture, and continuous measurement constitute the Diversity Competency Model assessment. The authors discuss the model and its use.</p>	<p>MAYO CLINIC nurse staff</p>	<p>Quantitative and qualitative techniques were involved. First quantitative data collected from documents from the nursing organization and the organization as a whole were examined, seeking evidence of diversity competence. Qualitative data were collected through interviews and focus groups. 43 individual semi-structured interviews were conducted. These individual interviews included the chair of the department of nursing, clinical directors of nursing, nurse managers, nursing department committee chairs, physicians, administrative staff, and members of the institution's board of governors. Staff groups were invited to participate in semi-structured focus group interviews to tell about their experiences of being different in this organization. The membership of specific staff focus groups were white female RNs, underrepresented minority nurses in leadership positions, minority nurses, minority nursing assistants, minority unit secretaries, male RN's, senior nurses older than 55 years of age, new graduate RNs, gay and lesbian nursing staff and nursing staff with disabilities or work restrictions.</p>	<p>The Diversity Competency Model provides nurse administrators with a conceptual framework to organize the abstract phenomena of diversity competence into understandable elements that can be assessed in the organization period. This model proposes that diversity competency in the organization is affected primarily by 4 broad constructs: Drivers, linkages, culture, and measurements. In the past, organizations may have focused on diversity education or “sensitivity training” to create respectful work environments. It is critical for nurse leaders to move beyond “awareness” education and actively participate in skill building.</p> <p>-Programs in diversity awareness can lead to the perception that awareness is all that is required, but in reality it is only the beginning. Nursing leadership must commit to a long-term plan to achieve cultural competence to achieve a clear vision for execution of that plan. Just as important as the plan and execution is measurement of the outcomes of initiatives.</p> <p>-Ongoing, specific measures that help to move the organization towards its goal will maintain focus and vitality for the initiative. Without the chief nurse executive's continual involvement and active presence in the work, the chances for successful execution are diminished.</p> <p>-Diversity competence requires clear, visible leadership, at the highest level that never takes the spotlight off the goal. It is important that a diverse group of staff is involved to develop initiatives, and that the outcomes of these are measured. When leaders want to touch base with “How are we doing?” Or “What are the issues?” Remember that the diverse group's challenge is “Just ask us!”</p>

“Promoting Registered Nurse Retention Through Shared Decision Making”				
Author(s), Year	Study Purpose	Sample	Data collection and analysis	Main findings
Janney, Michelle Oct 2001	This article describes the journey of one academic medical center West Virginia through the inception, creation, and implementation of a process to solicit valuable information regarding registered nurse RN retention. 32 focus groups were conducted within 3 weeks on every unit and on every shift. RNs were invited to attend and the Chief Nurse Executive asked 2 questions: 1) What factors are a positive influence at WVUH and 2) What factors would influence you to leave?	North Central West Virginia Nursing Staff	The focus groups provided 372 ideas. An adapted analytic induction technique was used to categorize these items. Standard analytic induction requires separating the responses into individual units which are then categorized for conceptual fit. The categories are usually examined and modified by trained, independent coders until a workable system results. In this project, responses were grouped by a facilitator and 3 independent coders during 2 one hour meetings; One was held midway through the focus group sessions and one was held at the end of the focus group sessions. The facilitator exercises consensus builder techniques to ensure agreement on all categories. the resultant 3 major categories of responses included items that would influence the participants to stay (145 items) , items that would influence one to leave (165 items), and a wish list (62 items) included in the wish list category, were items that neither would encourage participants to stay or go, but rather improvements they though were warranted.	<p>-Lessons learned: Allowing staff to prioritize the recommendations resulted in more prudent decisions.</p> <p>-Trust issues between management and the staff with surface. Open, honest, communication is the key to resolving these issues.</p> <p>-Quick action delivered a strong message.</p> <p>- Involvement of the president was paramount to the success of the approach.</p> <p>- Facilitator training was integral to the success of the problem-solving discussions.</p> <p>- Providing choices to the participants was a consistent theme throughout the retreats and resulted in increased ownership and pride in the outcomes.</p> <p>- Staff members have wonderful ideas and deserve time to express them. We underestimate the time needed to listen and decide</p> <p>Leaders must listen deeper and try to understand their talented people. Employees who believe that they are heard and understood will stay on your team. Our progress demonstrates that we have made sound investments in our nurses and the relationship between administration and nurses is stronger.</p>

“Using Empowerment to Build Trust and Respect in the Workplace: A Strategy for Addressing the Nursing Shortage”

Author(s), Year	Study Purpose	Sample	Data collection and analysis	Main findings
Laschinger, H., and Finegan, Joan. 2005	The purpose of this study was to test a model linking nurses' empowerment to organizational justice, respect, trust and management, and ultimately, job satisfaction and organizational commitment.	273 medical-surgical and critical care nurses. The nurses in the final sample represented in all areas Ontario, Canada. Most nurses worked either full-time (59.7%) or part-time (40.3%) in medical-surgical (70%) areas, 30% in critical care. The majority (63%) were diploma prepared. 37% held baccalaureate degrees. Nurses averaged 33 years of age, with 9 years of nursing experience, and 2 years experience on their current unit.	<p>All items were rated by Likert Scales. Scale scores were created by summing and averaging items pertaining to each scale. The internal consistency of these scales was acceptable.</p> <p>The Conditions of Work Effectiveness Questionnaire – II (Laschinger et al., 2001b) measures nurses' perceptions of their access to the six elements of structural empowerment described by Kanter. Interactional justice was measured by nine items from Moorman's (1991) justice scale. Respect was measured by Siegrist's (1996) Esteem Scale. Trust in management was measured by Mishra's (1996) 17-Item Scale, which consists of four dimensions, reliability, openness/honesty, competence and concern. Job satisfaction and organizational commitment were measured by using subscales from Williams and Cooper's (1998) Pressure Management Indicator.</p> <p>Path analysis techniques were used with maximum likelihood estimation to test the hypothesis model using a structural equation modeling program.</p>	<p>Staff nurse empowerment has an impact on their perceptions of fair management practices, feelings of being respected in their work settings, and their trust in management, which ultimately influence their job satisfaction and organizational commitment.</p> <p>When staff nurses are provided with helpful feedback and guidance from managers and given the flexibility to use their judgment and make discretionary decisions through respectful interaction of ideas with management, their trust in management increases. Employees are also more likely to trust managers who provide necessary resources to accomplish work in a meaningful way.</p>

“What Perioperative and Emerging Workforce Nurses want in a Manager”

Author(s), Year	Study Purpose	Sample	Data collection and analysis	Main findings
<p>Thomposon, Julia; Wieck Lynn; Warner, Ann</p> <p>Aug 2003</p>	<p>This descriptive, comparative study explores perioperative nurses' and nursing students perceptions of the top 10 characteristics desired in a manager. This study highlights the traits managers need to transform new graduate nurses into satisfied, productive members of the perioperative team.</p> <p>The study questions were as follows: what are the top 10 desired traits in a manager as expressed by nursing students? What are the top 10 desired traits in a manager as expressed by perioperative nurses? Is there a relationship between career status (i.e., student or nurse) and ranking of traits?</p>	<p>This descriptive, comparative study was conducted using surveys to determine participant's perceptions of the top 10 characteristics desired in a manager or supervisor. The perceptions of two groups of participants were compared. The first group comprised perioperative nurses (n=35) whose average age was 46.4. The second group comprised senior nursing students (n=57) who had no direct OR experience except some observational exposure to perioperative nursing. The average age of students was 25.2.</p>	<p>Surveys were administered to a convenience sampling of perioperative nurses (n=50) attending an AORN meeting and a convenience sample of senior bachelors (n=33) and Associates Degree (n=24) nursing attending class. The survey has been used in similar studies to assess desired traits in leaders. The survey is organized in four subscales that contain 12 to 16 terms to describe a manager or supervisor. Data were analyzed using SPSS-statistical package for the social sciences. Characteristics receiving the highest scores were considered the top ten characteristics valued in a manager. A Spearman rank correlation was applied to the traits that both groups identified in the top ten to determine whether there was a relationship between rank and the group to which respondents belonged.</p>	<p>Regarding the personal subscale, nurses chose empowering as one of the top 10 traits and students did not. Personal characteristics that were congruent across both groups were "receptive to people and ideas" and "team player". Noteworthy is that 70% of the traits students desired in a manager either were acquired skills or attitudinal. Both of which appear amenable to education and behavior changes on the part of managers. Such changes could help create an environment that might be friendlier to members of the emerging workforce.</p> <p>The greatest differences appeared in the attitudes subscale. Attitude traits that nurses ranked in the top 10 but that students did not were "supportive" and "fair". The two attitude characteristics ranked in the top 10 by students and not nurses were "respectful of subordinates" and "positive attitude". The attitude trait that was ranked among the top 10 by both groups was "approachable".</p>

“Nurse Leaders’ Perceptions of What Compromises Successful Leadership in Today’s Acute Inpatient Environment”

Author(s), Year	Study Purpose	Sample	Data collection and analysis	Main findings
Upenieks, Valda Apr/Jun 2003	The purpose of this study was to gain an understanding of nurse leaders perceptions of both the value of their roles in today's health care setting and their beliefs about how power and gender interface with role worth. Support for the theoretical significance of this research stemmed from Kanter's structural theory of organization behavior.	Nurse leaders were selected from 4 acute health care settings: two academic magnet centers and two non-magnet private community hospitals from two geographic locations. To maintain confidentiality of the qualitative data, the hospitals were not identified. The sample population consisted of 16 nurse leaders: 7 from magnet institutions from magnet institutions and 9 from non-magnet hospitals. 12 of the nurse leaders were recruited at the director or managerial level, and the other 4 at the executive level. Inclusion criteria for the nurse executive were that he/she be ranked as vice-president of patient-care services, and have at least 5 years of experience in a senior executive-level role. Inclusion criteria of the nurse director/manager consisted of selecting a clinical nurse leader of a medical /surgical unit who has at least 2-5 of experience in nursing supervision.	Interviews ranged from 60-90 minutes and were taped. Although a core set of questions served as guide, the interviews were structured loosely. Additional questions were incorporated into the discussion to serve as prompts or to further clarify understanding. One interview was conducted per subject. If further clarification of data were required, contact of participants was made via a phone call. Content analysis was used for the qualitative section of the study. Content analysis provided a subjective means of making assumptions from interview data to illustrate meaning and define specific phenomena. The method can be used for several purposes, such as describing themes and trends of an experience, revealing the focus of groups and analyzing open-ended interview data.	The results of this study supported the premise of Kanter's structural theory of organizational behavior. 83% of the nurse leaders who took part believed that a nurse leader who has informal and formal power, access to information and resources (including resources to support clinical nurses in patient care delivery) and who is given the opportunity to grow from new challenges will be effectual in her/his position. This nurse leader, in turn, will empower clinical nurse by sharing resources of power and opportunity, thereby enhancing nurses work effectiveness. Other factors that influenced nurse leader effectiveness and value in his/her role included: 1) supportive organizational cultures where nurses are valued due to their professional expertise, an organization's commitment to the professional quality of the nurses. 2) Distinctive leadership attributes of nursing administration, including visibility, responsiveness, a passion for nursing and business astuteness, 3) Respectful and collaborative teamwork among nurses and other health care employees and 4) Compensation.

“Humour Between Nurse and Patient, and Among Staff: Analysis of Nurses’ Diaries”				
Author(s), Year	Study Purpose	Sample	Data collection and analysis	Main findings
<p>Åstedt-Kurki, Päivi; Isola, Arja</p> <p>Aug 2001</p>	<p>The aim of this study was to investigate the nature and how it occurs as experienced and described by professional nurses. The study set out to ascertain the nature of humor in nursing care and the situations in which it occurs.</p>	<p>The data were provided by a total of 17 nurses working in different fields of nursing. They were chosen for the study by using purposeful sampling and a training seminar in two cities that were located in different parts of the country of Finland. All participants at the seminar were informed about the project and were asked to record for a period of 1 week incidents involving humor at the work place. Recording was requested to take place immediately after the work shift.</p>	<p>The data consisted of diaries written by nurses (n=17). One of the diaries had to be rejected because of bad handwriting, which left in all 16 diaries. 12 were professional level nurses (6 registered nurses, 3 public health nurses, 3 psychiatric nurses) and 3 secondary level nurses (2 practical nurses and 1 mental health nurse). One of the respondents failed to report her occupation. The youngest was aged 27 years and the oldest 54 years. Their work experience ranged from 4-32 years. Respondents reported in their diaries that it was difficult to record humor as, once taken out of its context, the situation seemed faded and the recorded situation did not seem particularly funny afterwards. The documents were analyzed inductively using qualitative content analysis.</p>	<p>2 main themes derived from the documents were a) Humor between nurse and patient and b) Humor among staff. In this study, the use of humor was manifested in a two – way movement both between nurse and patient and among staff. The notion of a two-way movement indicates that both patient and nurse could act as the initiator of humor. Humor between nurse and patient manifested in survival-orientated, creative goal-orientated, consent-orientated, observation-based and unintentional contextual humor. Humor among staff manifested itself in post-mortem orientated, skill-orientated and change-orientated humor. The study yielded more detailed categories regarding humor between patient and nurse as well as among staff. In this study, the humor among staff facilitated the management of difficult issues and situations; it also helped nurses to cope with their work. Humor appeared to relieve the tensions within the ward which resulted in a more liberated and improved working climate.</p>

“Nurse Intention to remain employed: understanding and strengthening determinants”				
Author(s), Year	Study Purpose	Sample	Data collection and analysis	Main findings
<p>Tourangeau, Ann; Cranley, Lisa</p> <p>Aug 2006</p>	<p>The aim of this study is to test the hypothesized model of the determinants of nurse intention to remain employed in their current acute care hospitals until retirement.</p>	<p>Over 13,000 registered RNs and registered practical nurses working in acute care hospitals in Ontario, Canada were mailed the survey between February and May of 2003. Questionnaires were mailed to nurses' homes. The sampling plan was developed from the 2003 College of Nurses of Ontario Registration Database. All RNs and registered practical nurse registrants who reported on their 2003 registration renewal form that they worked in a medical, surgical or critical care area in an Ontario teaching or community acute care hospital were invited to complete the questionnaire. A total of 8456 nurses from 75 hospitals completed the questionnaires.</p>	<p>Because of the large number of participants, survey administration was contracted out to the Institute of Social Research at York University in Toronto Canada to manage mailings, receive returned questionnaires, and to create the final data set. Reminder cards were mailed 10 days after the initial survey was mailed. A second complete package was mailed to non-responders 4 weeks after the initial mailing and was followed 10 days later by a reminder card. Data were analyzed using SPSS version 11.5. Analysis procedures included descriptive statistics and 2 multiple regression analytic models, one including all variables and the other including a step-wise method.</p>	<p>Perhaps the most important strategies strengthening nurse intention to remain employed are those related to job satisfaction. Priority should be placed on implementation of strategies that promote satisfaction in the areas of praise and recognition of nurse contributions within organizations will lead to increased intention to remain employed. Our findings support the importance of effective coworker relationships in promoting nurse intention to remain employed. Interdisciplinary team-building strategies may be implemented to create opportunities for work group members to learn to relate effectively with each other according to established group norms. Deliberately creating and supporting situations for work group members to relate together in social situations such as departmental celebrations may promote satisfaction with interaction opportunities. Strategies that promote satisfaction in other job satisfaction components should be implemented because of their contribution to improving overall job satisfaction. Strategies to promote satisfaction with coworkers and interaction opportunities will also strengthen work group cohesion and collaboration. Work group cohesiveness may also be strengthened when team members are clearly focused on accomplishment of a shared vision, common goals, and objectives.</p>

APPENDIX II

“Multiple Key Word Sets”

CONCEPT: Foreign nurse	CONCEPT: Management	CONCEPT: Nurse Team	CONCEPT: Empowerment	Related:
foreign nurse	management	team	empowerment	cultural competence
foreign degree nurse	nurse manager	team work	job satisfaction	work environment
nurse migration	head nurse	group work	competence	multicultural nursing staff
ethnic nurse	ward nurse	nurse-nurse interdependence	access	adaptation
foreign educated nurse	nurse leader	peer support	participation	orientation
nursing abroad	executive nurse	collegiality	power	recruitment
minority nurse	leadership	human resources	competence	retention
ethnic minority nurse	nurse officer	cooperation	self-sufficiency	equality
international nurse	top nurse	fellowship	work effectiveness	mentoring
immigrant nurse	clinical nurse manager	community	Kanter	Alexis
overseas nurse	nurse administrator	crew	Kuokkanen	racism
alien nurse	nurse director	personnel	organizational commitment	inequality
migrant nurse	shift leader	staff	autonomy	tutor
European nurse	senior nurse	organization	freedom	coach
African nurse		collaboration	justice	discrimination
Asian nurse		concert	enable	transition
American nurse		buddy	recognition	integration
		partnership	self-sufficiency	
		friendship	independence	

APPENDIX III

“Search Strings”*

Main Concepts	Search Strings
1 Foreign Nurse	foreign\$ AND nurs\$ OR foreign AND degree AND nurs\$ OR nurs\$ AND migration OR ethnic AND nurs\$ OR foreign AND educated AND nurs\$ OR nurs\$ AND abroad OR minority AND nurs\$ OR ethnic AND minority nurs\$ OR international AND nurs\$ OR immigrant AND nurs\$ OR overseas AND nurs\$ OR alien AND nurs\$ OR migrant AND nurs\$ OR european AND nurs\$ OR asian AND nurs\$ OR african AND nurs\$
2 Management	nurs\$ AND management NOT pain AND management OR nurs\$ AND manager OR head AND nurs\$ OR ward AND nurs\$ OR nurs\$ AND leader OR executive AND nurs\$ OR nurs\$ AND officer OR top ANJ nurs\$ OR clinical AND nurs\$ AND manager OR nurs\$ AND administrator OR shift AND leader\$ OR nurs\$ AND director OR senior AND nurs\$
3 Nurse team	nurse AND team OR team AND work AND nurs\$ OR group AND work AND nurs\$ OR nurse-nurse interdependence OR peer AND support AND nurs\$ OR buddy AND nurs\$ OR nurs\$ AND partnership OR nurs\$ AND friendship OR collegiality NOT education AND nurs\$ OR cooperation AND nurs\$ OR fellowship AND nurs\$ OR community AND nurs\$ OR crew AND nurs\$ OR personnel AND nurs\$ OR staff AND nurs\$ OR organization AND nurs\$ OR collaboration AND nurs\$ OR concert AND nurs\$ OR human AND resources AND nurs\$ OR nurse AND preceptor OR nurse AND mentor NOT student OR nurs\$ AND work AND relationships OR clinical AND nurse AND team OR nurs\$ AND employee OR nurs\$ AND conflict OR nurs\$ AND interact\$ OR team AND support OR nurs\$ AND chain OR nurs\$ AND tactics OR nurs\$-to-nurs\$
4 Empowerment	nurs\$ AND empowerment NOT patient ADJ empowerment NOT client ADJ empowerment OR nurs\$ AND autonomy OR job AND satisfaction AND nurs\$ OR competence AND nurs\$ OR access AND nurs\$ OR participation AND nurs\$ OR power AND nurs\$ OR nurs\$ AND self-sufficiency OR work effectiveness AND nurs\$ OR Kanter AND nurs\$ OR Kuokkanen OR organizational AND commitment AND nurs\$ OR freedom AND nurs\$ OR self-actualization AND nurs\$ OR enabl\$ AND nurs\$
5 Related terms	cultur\$ AND competenc\$ AND nurs\$ OR nursing AND work\$ AND environment OR multicultur\$ AND nurs\$ OR adaptation AND nurs\$ OR orient\$ AND nurs\$ OR recruit\$ AND nurs\$ OR retention AND nurs\$ OR equal\$ AND nurs\$ OR tutor AND nurs\$ OR Alexis AND nurs\$ OR racism AND nurs\$ OR inequality AND nurs\$ OR transition AND nurs\$ OR discrimination AND nurs\$ OR integrat\$ AND nurs\$

*Search techniques using Boolean operators AND, OR, ADJ and wildcard “\$” were applied according to OVID recommendations for optimal searching.

APPENDIX IV

“Primary Search”

kywrđ	initial	ti, ab, author, if app	original	article w/ abs	article w/ ref	Cinahl full text	English/ English language	full- text	humans	ovid full text	2000- 2007	research articles	(location)
FN	97034	15032	13693	12356	12164	584	5437	1509	1470	1305	778	778	#65
Mng	64595	5499	5019	4558	4493	2323	2207	514	510	418	307	307	#13
Emp	62022	8319	7925	7822	7776	4457	4086	1158	1139	1072	729	729	#26
Rel	209721	41035	38641	36739	36378	20223	18806	4962	4837	4407	3064	3064	#39
Team	24262	1373	1014	953	912	659	654	380	380	379	235	235	#52

Key:

FN = foreign nurse

Mng = management

Emp = empowerment

Rel = related terms

Team = team

APPENDIX V

“Combination Search”

	Objective: to obtain refined results containing following terms	Search Command	Final Combination Results
Study Question One:	‘FN’ string AND ‘MNG’ string ‘EMP’ string AND ‘MNG’ string ‘REL’ string AND ‘MNG’ string	‘FN’ AND ‘MNG’ OR ‘EMP’ AND ‘MNG’ OR ‘REL’ AND ‘MNG’	Final combination Search yielded: 94 articles
Study Question Two:	‘FN’ string AND ‘TEAM’ string ‘EMP’ string AND ‘TEAM’ string ‘REL’ string AND ‘TEAM’ string	‘FN’ AND ‘TEAM’ OR ‘EMP’ AND ‘TEAM’ OR ‘REL’ AND ‘TEAM’	Final Combination Search yielded: 235 articles
Study Question One or Two:	‘FN’ string AND ‘EMP’ string ‘REL’ string AND ‘EMP’ string	‘FN’ AND ‘EMP’ OR ‘REL’ AND ‘EMP’	Final Combination Search yielded: 202 articles

APPENDIX VI

“Systematic Review”

METHOD TO COLLECT AND APPRAISE EMPIRICAL ARTICLES FOR ANALYSIS (Kääriäinen, Lahtinen 2005)					
COMBINATION SEARCH:	Initial nro:	STAGE 1: TITLE	STAGE 2: ABSTRACT	STAGE 3: PAPER	STAGE 4: FINAL SELECTION
Combination 1	94	28	4	4	2
Combination 2	235	85	28	8	1
Combination 3	202	74	32	9	5
Total:	531	167	64	21	8

APPENDIX VII

“Content Analysis: Identifying the Units of Analysis”

Unit of Analysis					
Frequency	Word	Frequency	Word	Frequency	Word
134	satisfaction	19	success	9	compensation
101	leaders	18	diverse	9	empowered
76	commitment	18	promote	9	experienced
68	leadership	18	recognition	9	honest
59	environment	17	effectiveness	9	Manager
56	management	17	influence	9	praise
56	manager	16	interaction	9	workplace
53	power	15	building	8	administrator
53	team	15	providing	8	autonomy
52	trust	14	climate	8	collaborative
51	value	14	competence	8	cope
50	support	14	empowering	8	dialogue
46	diversity	14	minority		
37	groups	14	Organizational		
37	respect	14	relationship		
35	ability	14	response		
35	empowerment	13	feelings		
35	resources	13	individual		
34	justice	13	participation		
33	communication	13	performance		
33	culture	13	status		
31	retention	13	supported		
29	values	13	vision		
28	opportunities	12	emotional		
27	access	12	environments		
27	leader	12	visible		
27	relationships	11	Competency		
25	behaviors	11	fair		
25	understanding	11	goal		
24	skills	11	interactional		
24	supportive	11	open		
23	Humour	11	share		
22	community	11	strategy		
22	Diversity	10	administrators		
22	orientated	10	attitudes		
21	burnout	10	funny		
21	cohesion	10	generation		
21	collaboration	10	initiatives		
20	training	9	approach		